

Personal Prevention Record

Use this Personal Prevention Record to keep track of the preventive care that you have received and/or will need in the future. With the help of your health care provider, fill in how often you need each type of preventive care. Write in the date each time you receive preventive care. Use the remaining space to record other information (such as results of tests and the health care provider's or clinic's name).

Type of Preventive Care	Enter Dates,	Results,	and	Other Information
Blood Pressure	_____	_____	_____	_____
Every _____ months/years	_____	_____	_____	_____
Goal: _____ / _____	_____	_____	_____	_____
Cholesterol	_____	_____	_____	_____
Every _____ months/years	_____	_____	_____	_____
Goal: _____ mg/dl	_____	_____	_____	_____
Weight	_____	_____	_____	_____
Every _____ months/years	_____	_____	_____	_____
Goal: _____ lbs.	_____	_____	_____	_____
Fecal occult blood test	_____	_____	_____	_____
Every _____ years	_____	_____	_____	_____
Sigmoidoscopy	_____	_____	_____	_____
Every _____ years	_____	_____	_____	_____
Tetanus (Td) shot	_____	_____	_____	_____
Every 10 years	_____	_____	_____	_____
Pneumococcal shot	_____	_____	_____	_____
Once at age 65	_____	_____	_____	_____
Influenza shot	_____	_____	_____	_____
Every year	_____	_____	_____	_____